

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2021 - 118 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: JAMES KOPPOE

Telephone: 864-421-4961

Address: 210 DONALDSON RD  
GREENVILLE SC 29605

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: jmedtransportation@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
APR 01 2021  
PSCSC  
Clerks Office

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 03/9/2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. JNJ SAFE MEDICAL TRANSPORTATION LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

210 DONALDSON RD GREENVILLE, SC 29605

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

864-421-4961

Phone

Fax

jmedtransportation@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	\$148,000	Mortgage/Loan on Real Estate	\$92,000
Value of Motor Vehicles	\$8,400	Loans Owed on Motor Vehicles	\$0
Cash on Hand	\$2,850	Business/Other Loans Owed	\$0
Cash in Bank	\$19,620	Other Liabilities or Debts	\$0
Value of Other Assets and Equipment	\$4,200	<b>Total Liabilities</b>	\$92,000
<b>Total Assets</b>	\$183,070		

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

**PROPOSED RATES AND CHARGES FOR SERVICE**Proposed Rates and Charges:

*All is negotiable*  
*Ambulatory & wheel chair: - \$1.70 - \$3.00 a mile &*  
*\$25 - \$35 load & per leg.*  
*Stretcher: - \$2.00 to \$10.00 a mile & \$175 to \$200 load*  
*fee pair leg.*

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input checked="" type="checkbox"/> Abbeville	<input checked="" type="checkbox"/> Cherokee	<input checked="" type="checkbox"/> Florence	<input checked="" type="checkbox"/> Lee	<input checked="" type="checkbox"/> Saluda
<input checked="" type="checkbox"/> Aiken	<input checked="" type="checkbox"/> Chester	<input checked="" type="checkbox"/> Georgetown	<input checked="" type="checkbox"/> Lexington	<input checked="" type="checkbox"/> Spartanburg
<input checked="" type="checkbox"/> Allendale	<input checked="" type="checkbox"/> Chesterfield	<input checked="" type="checkbox"/> Greenville	<input checked="" type="checkbox"/> Marion	<input checked="" type="checkbox"/> Sumter
<input checked="" type="checkbox"/> Anderson	<input checked="" type="checkbox"/> Clarendon	<input checked="" type="checkbox"/> Greenwood	<input checked="" type="checkbox"/> Marlboro	<input checked="" type="checkbox"/> Union
<input checked="" type="checkbox"/> Bamberg	<input checked="" type="checkbox"/> Colleton	<input checked="" type="checkbox"/> Hampton	<input checked="" type="checkbox"/> McCormick	<input checked="" type="checkbox"/> Williamsburg
<input checked="" type="checkbox"/> Barnwell	<input checked="" type="checkbox"/> Darlington	<input checked="" type="checkbox"/> Horry	<input checked="" type="checkbox"/> Newberry	<input checked="" type="checkbox"/> York
<input checked="" type="checkbox"/> Beaufort	<input checked="" type="checkbox"/> Dillon	<input checked="" type="checkbox"/> Jasper	<input checked="" type="checkbox"/> Oconee	
<input checked="" type="checkbox"/> Berkeley	<input checked="" type="checkbox"/> Dorchester	<input checked="" type="checkbox"/> Kershaw	<input checked="" type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input checked="" type="checkbox"/> Calhoun	<input checked="" type="checkbox"/> Edgefield	<input checked="" type="checkbox"/> Lancaster	<input checked="" type="checkbox"/> Pickens	
<input checked="" type="checkbox"/> Charleston	<input checked="" type="checkbox"/> Fairfield	<input checked="" type="checkbox"/> Laurens	<input checked="" type="checkbox"/> Richland	

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

*Is a Stretcher Van.*

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
FORD	2007 E-350SD	1FDSE35P67DA96426	9,500 lbs	None

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

JKT SAFE MEDICAL TRANSPORTATION

Name of Applicant

210 DONALDSON RD. GREENVILLE, SC 29605

Address of Applicant

### Amount of Premium:

Liability Insurance \$ 1,000,000 / Premium \$5,978

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

Limits Quoted

Liability Combined Each Occurrence	\$ 1,000,000	<u>1,000,000 CSL</u>
Medical Payments per Person	\$ 1,000	<u>1,000</u>

Berkshire Hathaway Homestate Insurance Company

Name of Insurance Company

1314 Douglas St, Suite #1300, Omaha, NE 68102

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

---

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

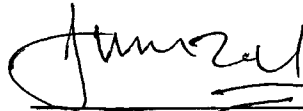
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.


Please check the applicable box:

- ☐ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature



Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF GREENWOOD )

SWORN TO BEFORE ME  
This 9th day of MARCH, 2021

Juan Lamm Wilson  
Notary Public

Commission Expires 04/26/2023



Print Application

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

J & J SAFE MEDICAL TRANSPORTATION LLC, a limited liability company duly organized under the laws of the State of South Carolina on November 6th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 29th day  
of March, 2021.

  
Mark Hammond, Secretary of State

J & J Safe Medical Transportation LLC  
Quote #: 11519499

### Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

#### Terms:

- 12.5% Commission
- 25 mile radius
- All New Drivers must meet driver guidelines.
- All owned/operated units being scheduled
- Compliance with UM/UIM Limit Requirements.
- DOT inspections will be monitored throughout our policy period to verify ALL inspected power units are scheduled on the policy
- Inspections involving unreported power units may jeopardize continued coverage.
- No cruising for fares, no farebox/meter, no TNC/Uber/Lyft or similar usage
- No interchange of units/drivers with any other entity/individual
- No short-term leases or trip-leases of 30 days or less. Inform if different.
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures.
- Our policy must schedule all owned power units, and any other power units operating under the insured's authority.
- Prompt reporting of all new drivers.
- State filings
- Subject to 100% of transportation being pre-arranged at least 24 hours in advance
- Subject to a maximum seating capacity of 8
- Subject to no prior losses, new venture
- Subject to receiving a lease termination for the 07 Ford (#96426) with Transportation on Demand prior to issuing a filing
- Symbol 7 auto coverage only

Unless Otherwise specified, all conditions listed below must be satisfied within 30 days of binding coverage. Failure to satisfy all conditions within the applicable timeframes may result in cancellation.

#### Conditions:

- Completed and Signed Selection/Rejection forms as required by state law.

J & J Safe Medical Transportation LLC

Quote #: 11519499

## Schedule of Forms & Endorsements

---

CA 0001 (10/2013) Business Auto Coverage Form  
 CA 0150 (05/2017) South Carolina Changes  
 CA 2119 (12/2013) South Carolina Uninsured Motorists Coverage  
 CA 2189 (12/2013) South Carolina Split Uninsured Motorists Limits  
 CA 2402 (10/2013) Public Transportation Autos  
 IL 0017 (11/1998) Common Policy Conditions  
 IL 0021 (09/2008) Nuclear Energy Liability Exclusion Endorsement (Broad Form)  
 M 3912b (08/2001) Stated Amount Insurance  
 M 4566a (11/1999) Motor Vehicle Liability Insurance Identification Card  
 M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception  
 M 4803 (02/1998) Abuse or Molestation Exclusion  
 M 4959a (03/2002) Schedule of Covered Autos  
 M 5332a (12/2009) South Carolina Changes - Cancellation and Nonrenewal  
 M 5398 (03/2009) South Carolina Important Notice - Uninsured Motorist  
 M 5479 (04/2010) Towing and Storing Costs  
 M 5603 (03/2017) Policy Jacket  
 M 5605 (02/2011) Business Auto Coverage Declarations  
 M 5623 (04/2011) Application of Policy - Financial Responsibility  
 M 5749 (01/2013) Underinsured Motorists Coverage Amendatory Endorsement  
 M 5872 (04/2016) Changes to Common Policy Conditions - Cancellation



**Berkshire Hathaway**  
HOMESTATE COMPANIES

M-5861 01/2021

1314 Douglas Street, Suite #1300, Omaha, NE 68102-1944 | Phone: 800.488.2930 | BHHC.com

03/19/2021

J & J Safe Medical Transportation LLC  
210 Donaldson Rd  
Greenville, SC 29605

Billing services:

1-877-680-2442

Monday - Friday

7:00 AM - 7:00 PM Central Time

Claim reporting:

1-800-356-5750

24 hours a day

7 days a week

RE: Insurance Quote: 11519499  
Proposed Term: 4/22/2021 - 4/22/2022  
Writing Company: Berkshire Hathaway Homestate  
Insurance Company

To J & J Safe Medical Transportation LLC:

Berkshire Hathaway Homestate Companies may use consumer information obtained from consumer reporting agencies to help determine the terms, conditions, or premium of our insurance policies. Specifically, we used the insurance score derived from consumer data in the LexisNexis Attract for Business Owners Underwriting Model 3.1 to underwrite this Insurance Quote. Based on the information from LexisNexis, we have not offered the most favorable terms, conditions, or premium available.<sup>1</sup>

LexisNexis did not make this decision and is unable to provide the specific reason(s) for this action.

This insurance score was provided by LexisNexis based on consumer data for the following individual(s)

Name: James Koppoe  
Address: 210 Donaldson Rd  
Greenville, SC 29605

This individual may obtain a free copy of the consumer report from LexisNexis by contacting LexisNexis within 60 days of this notice:

LexisNexis Consumer Center  
P.O. Box 105108 1-800-456-6004  
Atlanta, Georgia 30348-5108 www.consumerdisclosure.com

This individual may also dispute the accuracy or completeness of information contained in the consumer report. If the individual disputes information contained in the consumer report, and that dispute results in the correction or deletion of information in the consumer report, you may request that we reevaluate the underwriting of this Insurance Quote to determine if you qualify for more favorable terms, conditions, or premium.

Regards,

Berkshire Hathaway Homestate Insurance Company

<sup>1</sup>

Please be advised that whether this action is deemed an "adverse action" under the Fair Credit Reporting Act (15 U.S.C. § 1681) depends on the relevant law of the applicable jurisdiction.

Berkshire Hathaway Homestate Insurance Company

M-5861 01/2021

## OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

### I. **EXPLANATION OF COVERAGES**

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: **bodily injury and property damage**. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25/50/25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

**Uninsured motorist coverage** compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for uninsured property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

J &amp; J Safe Medical Transportation LLC

M-5638 (01/2019)

Quote #: 11519499

Berkshire Hathaway Homestate Insurance Company

**Underinsured motorist coverage** compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, *if you reject* either one of these coverages upon this form and if you are involved in an automobile accident, then this form may be used by your insurance company as *evidence against you* if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, *you* must then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company *must* answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services  
State of South Carolina Department of Insurance  
Capitol Center  
1201 Main Street, Suite 1000  
Post Office Box 100105  
Columbia, South Carolina 29202-3105  
(803) 737-6180  
(800) 768-3467  
E-mail Address: consumers@doi.sc.gov

J &amp; J Safe Medical Transportation LLC

M-5638 (01/2019)

Quote #: 11519499

Berkshire Hathaway Homestate Insurance Company

**II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE**

\$25,000 / \$50,000 / \$25,000 minimum limits of Uninsured Motorist Coverage are automatically provided by your Policy.

<u>Additional Limits of Coverage</u>	<u>Premium Cost</u>
\$30,000/\$60,000/\$25,000	\$ 277
\$50,000/\$100,000/\$25,000	\$ 338
\$50,000/\$100,000/\$50,000	\$ 345
Your Policy's Liability Coverage Limits:	
\$1,000,000	\$ 1,119

☒ I reject additional Uninsured Motorist Coverage

☐ I select additional Uninsured Motorist Coverage at the following limits: \_\_\_\_\_

**III. OFFER OF OPTIONAL UNDERINSURED MOTORIST COVERAGE**

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000/\$50,000/\$25,000	\$ 384
\$30,000/\$60,000/\$25,000	\$ 411
\$50,000/\$100,000/\$25,000	\$ 502
\$50,000/\$100,000/\$50,000	\$ 512
Your Policy's Liability Coverage Limits:	
\$1,000,000	\$ 1,664

☒ I reject optional Underinsured Motorist Coverage

☐ I select optional Underinsured Motorist Coverage at the following limits: \_\_\_\_\_

**IV. APPLICANT'S ACKNOWLEDGEMENT**

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Your Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

M-5638 (01/2019)

Page 3 of 3





**Berkshire Hathaway**  
HOMESTATE COMPANIES

PO Box 31145 • Omaha, NE 68131  
bhhc.com

## Direct Bill Payment Plan Options

Date: 03/19/2021

Billing Services:  
1-877-680-2442

7:00 AM-7:00 PM Central Time, Mon-Fri

billing@bhhc.com

Applicant Name: **J & J Safe Medical Transportation LLC**

Quote Number: 11519499

**Indicated Premium: \$ 7,657.00** (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
<b>Down Payment</b>					
Due at Binding	\$1,532.00	\$1,532.00	\$2,076.00	\$3,982.00	\$7,657.00
<b>Installments *</b>					
Month 1	\$611.96	\$1,224.52			
Month 2	\$612.56		\$1,859.70		
Month 3	\$612.56	\$1,225.12			
Month 4	\$612.56				
Month 5	\$612.56	\$1,225.12	\$1,860.65	\$3,675.00	
Month 6	\$612.56				
Month 7	\$612.56	\$1,225.12			
Month 8	\$612.56		\$1,860.65		
Month 9	\$612.56	\$1,225.12			
Month 10	\$612.56				

\*Indicates number of months after policy effective date.

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy. Please see the payment plan options above.

## Recurring Payments



Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.

M-8711 (12/2017)



P.O. Box 31145 • Omaha, NE 68131  
bhhc.com

## Recurring Payments Authorization Form

### Billing Services:

1-877-680-2442

7:00 AM - 7:00 PM Central Time, Mon - Fri  
billing@bhhc.com

Insured Name: J & J Safe Medical Transportation LLC  
Quote Number: 11519499  
Agency Name: Berkshire Hathaway Homestate Companies

Recurring payments are a convenient and secure option to automatically deduct your insurance payment from your bank account, credit card or debit card on the scheduled due date. When enrolled in recurring payments the installment fee is eliminated, lowering your bill.

**Select a Request Type:**    Enroll in Recurring Payments ☐    Change Recurring Payments Account ☐    Stop Recurring Payments ☐  
(only signature and date required)

Name on Account: \_\_\_\_\_ Account Holder Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_ E-mail Address for Receipts: \_\_\_\_\_

<b>Enroll using a <u>Checking/Savings Account</u></b>		Account Type:	Checking Account <input type="checkbox"/>	Savings Account <input type="checkbox"/>
Bank Name	_____			
Routing Number*: _____	Account Number _____			
<small>*Please note that a routing number has exactly nine digits</small>				
<b>Enroll using a <u>Credit/Debit Card*</u></b>		Card Type:	Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>
			Discover <input type="checkbox"/>	American Express <input type="checkbox"/>
Card Number: _____	Expiration Date: _____			
<small>*A nominal transaction and reversal may appear on your statement due to our validation process.</small>				

**Please submit this completed form via one of the following methods:**

- FAX to 1-866-897-2393
- MAIL to PO Box 31145, Omaha, NE 68131
- **\*\*E-MAIL WILL NOT BE ACCEPTED\*\***

**Please Note:** Down payments will not be processed from the information on this form. Down payments may be processed online at the time of binding or by calling Billing Services.

A payment schedule will be mailed to you showing the dates and amounts of your recurring payments. If there is an outstanding bill when you enroll in recurring payments, a one-time payment will be processed on the bill's due date. If a payment date falls on a weekend or holiday, the payment will be drafted on the next business day. Please note that three (3) business days advanced notice is required to change or stop recurring payments.

**\*\*\* I authorize National Indemnity Company on behalf of Berkshire Hathaway Homestate Companies to initiate automatic payments for premium on my insurance policy and its renewals to my bank account, credit card or debit card. This authority shall remain in effect until I revoke it in writing to the address above, by fax to 1-866-897-2393 or by calling Billing Services. I authorize my financial institution to debit the above designated bank account, credit card or debit card, and understand that I will receive advance notice of any increase in payments which result from endorsements to or renewal of my policy.\*\*\***

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

M-8710 (12/2017)



# Berkshire Hathaway HOMESTATE COMPANIES

## Binding Procedures - Commercial Auto

You may bind coverage for an account for which you have received a formal quote, provided there are no additions, alterations or omissions to any of the terms of the coverage requested, by following the instructions included below. Our premium indications are valid for 30 days.

### **\*\*New Direct Bill Option - Auto, Cargo, or Garage Only\*\***

Direct Bill account coverage will be bound no earlier than the effective time and date the bind is initiated online.

### To bind coverage:

You will receive a link from [noreply@bhhc.com](mailto:noreply@bhhc.com). Follow the link in the email to our online binding mechanism. You will then have two options:

#### 1) Pay Now

Down payment must be processed through our online system at the time of bind. If valid payment is not received at time of bind, no coverage will be in effect. Please gather payment information (bank routing #, checking account # or credit/debit card #, expiration date and security code) from the insured before starting the bind process.

#### 2) Pay Within Five Days

Your agency will be directly responsible for all earned premium on the policy. If the down payment is not received by us within five (5) calendar days, a notice of cancellation will be issued for nonpayment of premium.

### Premium Financed Policies

Note: Premium Financed policies will be run through our Direct Bill mechanism, but will be on a full payment plan. You may choose to pay now and pay the policy premium in full at time of bind, or pay within five days. The insured will be billed and shall be responsible for any additional premium that is endorsed onto the policy. If the insured elects to premium finance the endorsed premium it is the insured's responsibility to contact the premium finance company.

### Questions? Contact P&C Client Services at (877) 680-2442

\* Commissions will be paid monthly as payments are received. Commission statements and checks are generated at the beginning of each month.

Berkshire Hathaway Homestate Insurance Company • Brookwood Insurance Company • Continental Divide Insurance Company  
Cypress Insurance Company • Oak River Insurance Company • Redwood Fire and Casualty Insurance Company

AGT 0001 03 13

w w w . b h h c . c o m

BHHC-Rate for South Carolina

Berkshire Hathaway Homestate Insurance Company

# Account Summary For J & J Safe Medical Transportation LLC

## BHHC Quick

Quote #: 11519499

Status: Approved

Policy Type: AP

Originally Quoted: 3/18/2021 10:58 PM EST  
Quote Printed: 3/19/2021 4:59 PM EDT  
Proposed Effective: 4/22/2021 1:00 AM EST  
Proposed Expiration: 4/22/2022 1:00 AM EST

Commission: 12.50

Quoted By: Ryan Hinze  
Berkshire Hathaway Homestate  
1314 Douglas St  
Omaha, NE 68102

RHinze@bhhc.com  
Producer: American Business Insurance  
32107 W Lindero Canyon Rd  
Westlake Village, CA 91361  
Phone - (800) 980-1950  
Fax - (800) 980-1960

DOT #: Unknown

MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	5,978
7	UM - BIPD	25,000/50,000/25,000	258
7	UIM - BIPD	N/A	N/A
7	Medical Payments	N/A	N/A
7	Physical Damage	See Specific Unit	1,421
	Total Ins Value	7,500	
Total			\$7,657.00

Revision: 2SC2020R02

Vehicle Information

BHHC-Rate Version: 8.7.4658.1

Unit		<u>Liability</u>	<u>UM</u>	<u>UIM</u>	<u>Med Pay</u>	<u>Phys Dam</u>	<u>Cargo/ In-Tow</u>	<u>Al/Lessor</u>	<u>Unit Sub Total</u>
1	2007 FORD E350SD (96426)	5,978	258	N/A	N/A	1,421	N/A	N/A	7,657
	Comp/Coll: \$7,500	Deductible: 1,000/1,000							
	Radius: Up to 25 Miles								



**Berkshire Hathaway**  
HOMESTATE COMPANIES

State Farm®  
Providing Insurance and Financial Services



PO Box 80000  
Atlanta GA 30356-9900

Attached as requested are your replacement insurance identification cards. If the attached cards are not accepted by a law enforcement agency or your Department of Motor Vehicle office, please contact your agent to receive additional assistance.

Thank you for choosing State Farm for your insurance needs.

**IMPORTANT - IDENTIFICATION CARDS**  
STATE FARM

		<b>SOUTH CAROLINA INSURANCE CARD</b>	
State Farm Mutual Automobile Insurance Company INSURED HAMILTON, BEVERLY GREEN			
POLICY NUMBER 657 3273-C02-40 YR 2008 MAKE CHRYSLER MODEL TOWN CNTRY VIN 2A3HR54P28R121037 AGENT JOHN C MALLETT INS AGENCY INC PHONE (843)815-4888 NAIC 25178		EFFECTIVE MAR 02 2021 TO SEP 02 2021 MUTL VOL	
<b>A BODILY INJURY/PROPERTY DAMAGE LIABILITY</b> <b>P14 PERSONAL INJURY PROTECTION</b> <b>D 500 DEDUCT COMPREHENSIVE</b> <b>G 500 DEDUCT COLLISION</b> <b>R1, U</b> SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION			

	THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW.
<b>IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY</b> 1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles. 2. Don't admit fault or discuss the accident with anyone but State Farm or police. 3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim. For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-677-5767. <b>EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.</b> How to identify your coverage. See policy for full name and definition	
A Liability C Medical Payments D Comprehensive G Collision H Emergency Road Service	L Physical Damage P No Fault R1 Car Rental and Travel Expense S Death, Dismemberment and Loss of Sight U Uninsured Motor Vehicle UNOC Use of Nonowned Cars W Underinsured Motor Vehicle

KEEP A CARD IN YOUR CAR.  
THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.  
**KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.**  
MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.  
Emergency Road Service information is located on your insurance card.

**IMPORTANT - IDENTIFICATION CARDS**  
STATE FARM

		<b>SOUTH CAROLINA INSURANCE CARD</b>	
State Farm Mutual Automobile Insurance Company INSURED HAMILTON, BEVERLY GREEN			
POLICY NUMBER 657 3273-C02-40 YR 2008 MAKE CHRYSLER MODEL TOWN CNTRY VIN 2A3HR54P28R121037 AGENT JOHN C MALLETT INS AGENCY INC PHONE (843)815-4888 NAIC 25178		EFFECTIVE MAR 02 2021 TO SEP 02 2021 MUTL VOL	
<b>A BODILY INJURY/PROPERTY DAMAGE LIABILITY</b> <b>P14 PERSONAL INJURY PROTECTION</b> <b>D 500 DEDUCT COMPREHENSIVE</b> <b>G 500 DEDUCT COLLISION</b> <b>R1, U</b> SEE REVERSE SIDE FOR ADDITIONAL COVERAGE INFORMATION			

	THIS CARD MUST BE CARRIED IN THE INSURED MOTOR VEHICLE FOR PRODUCTION UPON DEMAND. THE COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW.
<b>IF YOU HAVE AN ACCIDENT - NOTIFY THE POLICE IMMEDIATELY</b> 1. Get names, addresses, and phone numbers of persons involved and witnesses. Also get driver license numbers of persons involved and license plate numbers/states of vehicles. 2. Don't admit fault or discuss the accident with anyone but State Farm or police. 3. Promptly notify your agent, log on to statefarm.com®, or use the State Farm mobile app to file a claim. For EMERGENCY ROAD SERVICE use the State Farm mobile app, log on to statefarm.com, or call 1-877-677-5767. <b>EXAMINE POLICY EXCLUSIONS CAREFULLY. THIS FORM DOES NOT CONSTITUTE ANY PART OF YOUR INSURANCE POLICY.</b> How to identify your coverage. See policy for full name and definition	
A Liability C Medical Payments D Comprehensive G Collision H Emergency Road Service	L Physical Damage P No Fault R1 Car Rental and Travel Expense S Death, Dismemberment and Loss of Sight U Uninsured Motor Vehicle UNOC Use of Nonowned Cars W Underinsured Motor Vehicle

KEEP A CARD IN YOUR CAR.  
THIS CARD IS INVALID IF THE POLICY FOR WHICH IT WAS ISSUED LAPSES OR IS TERMINATED.  
**KEEP YOUR CURRENT CARD UNTIL THE EFFECTIVE DATE OF THIS CARD.**  
MANY STATES REQUIRE EVIDENCE OF INSURANCE ON DEMAND. ONE OF THESE CARDS SHOULD BE CARRIED IN THE VEHICLE AT ALL TIMES.  
Emergency Road Service information is located on your insurance card.

MAR 05 2021

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

Quote is valid through: 04/18/2021

**Disclosure Statement:** The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.

This is NOT a binder of insurance. Company must be notified prior to Binding Coverage.



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 11-25-2020

~~Employer Identification Number:~~

Form: SS-4

Number of this notice: CP 575 B

J & J SAFE MEDICAL TRANSPORTATION  
JAMES KOPPOE MBR  
210 DONALDSON RD  
GREENVILLE, SC 29605

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

plying for an Employer Identification Number (EIN). We assigned you  
EIN will identify you, your business accounts, tax returns, and  
documents, even if you have no employees. Please keep this notice in your permanent  
records.

When filing tax documents, payments, and related correspondence, it is very important  
that you use your EIN and complete name and address exactly as shown above. Any variation  
may cause a delay in processing, result in incorrect information in your account, or even  
cause you to be assigned more than one EIN. If the information is not correct as shown  
above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file  
the following form(s) by the date(s) shown.

Form 1065

03/15/2021

If you have questions about the form(s) or the due date(s) shown, you can call us at  
the phone number or write to us at the address shown at the top of this notice. If you  
need help in determining your annual accounting period (tax year), see Publication 538,  
*Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your  
representative. It is not a legal determination of your tax classification, and is not  
binding on the IRS. If you want a legal determination of your tax classification, you may  
request a private letter ruling from the IRS under the guidelines in Revenue Procedure  
2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note:  
Certain tax classification elections can be requested by filing Form 8832, *Entity  
Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, *Entity Classification  
Election*, and elect to be classified as an association taxable as a corporation. If  
the LLC is eligible to be treated as a corporation that meets certain tests and it  
will be electing S corporation status, it must timely file Form 2553, *Election by a  
Small Business Corporation*. The LLC will be treated as a corporation as of the  
effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice,  
visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call  
1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.